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COMMITTEE ON THE RIGHTS OF THE CHILD

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SUMMARY RECORD OF THE 654th MEETING

Held at the Palais Wilson, Geneva,
on Tuesday, 26 September 2000, at 3 p.m.

Chairperson: Ms. OUEDRAOGO

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The meeting was called to order at 3.05 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (agenda item 4) (continued)

Initial report of Tajikistan (CRC/C/28/Add.14; list of issues to be taken up (CRC/C/Q/TAJ/1); written replies from the Government of Tajikistan to questions posed in the list of issues (document without a symbol distributed at the meeting, in Russian only) (continued)

1. At the invitation of the Chairperson, the members of the delegation of Tajikistan resumed their places at the Committee table.

2. Mr. RAJABOV (Tajikistan) said that the age of criminal responsibility was 14 for extremely serious offences and 16 for other offences and that judges were bound to take various mitigating circumstances into account. The Juvenile Affairs Commission was a governmental body, operating at the regional and local level as well as at the level of central Government. It dealt with issues such as the prevention of juvenile crime, and the detention and placing under supervision of juveniles. It took decisions and referred them to the courts or to other institutions. The various functions of the Juvenile Affairs Commission were due to be extended and transferred to the National Council on the Rights of the Child, as soon as the latter body was established.

3. A number of legislative texts, including the Family Code, the Civil Code, the Penal Code and the Employment Code, provided for the opinion of the child to be taken into account. The Family Code stipulated that children aged 10 or over must be consulted over any issue which concerned them; where there was a difference of opinion between a child and his parents, the child could ask for a court to decide. At school, children could make themselves heard through student associations and other independently-run associations, the views of which were taken into account by school authorities when decisions were taken.

4. The Convention had not been adequately disseminated to the country's Uzbek-speaking population, due to a lack of resources and technical problems arising from the fact that, unlike the Tajik language, Uzbek was written in Latin characters.

5. Legal protection was provided against the ill-treatment of children and the abduction of young girls, and the bodies responsible for combating those practices were more effective than before.

6. The Ministry of Social Protection had opened a home for mentally disabled children in January 2000, in addition to existing specialized boarding schools for children with hearing, sight or motor disorders.

7. A dozen new homes had been opened to provide for the large number of orphaned children arising from the civil war, but many more would be needed to provide for all such children, which was currently impossible due to insufficient resources.

8. Pursuant to the Family Code of 1998, children born out of wedlock enjoyed the same rights as those born within marriage. The Ministry of Justice was in the process of developing a scheme for considerably reducing birth registration fees, but it was still impossible to abolish the fee.

9. The CHAIRPERSON said she would like to hear the delegation respond orally, since the written replies had been submitted in Russian only, to the question, posed in the list, concerning children without *propiska* or residence registration.

10. Mr. RAJABOV (Tajikistan) said that all children, whether refugees, migrants, displaced persons, nationals or non-citizens, were provided equally under Tajik law with all rights as well as access to health care, education and social services. However, in view of Tajikistan's economic situation, those provisions were very difficult to apply. Most of the children in question were found places in institutions.

11. Mr. DOEK said he wished to know the extent to which the authorities turned to members of the extended family in order to find homes for orphaned or abandoned children. Did the Government and non-governmental organizations (NGOs) provide assistance to families which adopted orphans?

12. Ms. EL GUINDI asked whether a mechanism was in place to ensure regular monitoring of children placed in institutions or in foster homes and whether NGOs had a role in that process.

13. Mr. FULCI asked whether, in view of the very difficult living conditions in orphanages, solutions for alternative care such as foster placement were being considered. How many children had been adopted abroad and in precisely which countries?

14. Ms. RILANTONO asked whether measures had been taken to promote breastfeeding and whether there was a campaign in place for the prevention of diseases transmitted by mosquitoes such as malaria, and of congenital diseases. She also asked whether Tajikistan would be able to target its assistance of disabled children more towards their integration into ordinary schools, as the Convention stipulated, and away from their placement in special schools and institutions.

15. Mr. RABAH asked what conditions needed to be met in order to adopt a child in Tajikistan, whether adoption by foreign families posed any particular difficulties and whether there were any bilateral agreements concerning adoption. Why was the situation of orphans placed in institutions not monitored by the social services?

16. Ms. TIGERSTEDT-TÄHTELÄ asked whether there was any comprehensive programme designed to help families to take care of their disabled child themselves and to develop the foster placement system.

17. Ms. KARP said she understood that in some State-run children's homes, the condition of boarders from the point of view of nutrition was alarming, and asked whether institutions of that type were required to meet any standards concerning the quality of services and whether

mechanisms had been established to enforce those standards. Was there any possibility of appealing against a decision taken when a child was very young and placing that child in a particular institution, since the child's development did not appear to be monitored?

18. In view of the fact that, according to the current statistical system, the death of a newborn child weighing less than a certain amount was not registered, she asked whether changes to those provisions had been considered, with a view to making a more precise assessment of the late foetal mortality rate. She also asked whether studies had been carried out to determine the impact of polygamy, a growing phenomenon in Tajikistan, on the development of children.

19. She would like to know whether children traumatized by war had access to psychological treatment or whether there were people for such children to talk to, for instance at school, with training in that area. More generally, were there any plans to establish specific services for children or adolescents suffering from psychological disorders and to educate parents in looking after such children? Lastly, did Tajikistan intend to adopt the Plan of Action of the Stockholm World Congress against Commercial Sexual Exploitation of Children, for instance by determining the extent of the problem in the country?

20. Mr. DOEK asked what plans there were to improve family-planning services and sexual and reproductive health care, particularly to combat sexually transmitted diseases and to make women aware of the different methods of contraception, in view of the large number of women having abortions. Vaccination programmes having been introduced with the help of international organizations, she would be interested to find out what would happen in the long term after those organizations had left. What priorities had the Tajik Government set itself, given that it would not be able to deal with all the problems at once, due to a lack of sufficient human and financial resources?

21. Ms. SHARAPOVA (Tajikistan) said that children's homes were the responsibility of the Ministry of Education and that they operated in accordance with the Law on Supervision and Guardianship. They provided a home not only for orphans but also for children from families without sufficient means to look after them. Most of those children also took part in summer holiday camps. The State monitored the situation of children placed in homes or with foster parents. Due to a lack of resources, the State was not currently able to provide care for all abandoned children, but some families volunteered to look after street children on a charitable basis, sometimes with the help of international organizations.

22. Over the previous three years, a dozen children's homes had been opened but over another hundred such institutions needed to be built in order to provide care for all the orphans and children of parents who were unable to look after them, which was impossible due to the current economic crisis in Tajikistan. Existing children's homes were having serious difficulty in providing food, clothes and care for the children in their charge. They made do with whatever means were available, for instance by buying a couple of cows with the help of the local authorities in order to be able to provide the children with milk. Besides the State, individuals, work collectives and international organizations also provided support for those institutions.

23. There were only 16 specialized institutions in Tajikistan, caring for a total of approximately 1,500 children with a range of disabilities, including hearing, sight and motor disorders. Two projects currently under way were designed to help some of those children to be integrated back into the mainstream education system. There were also plans to establish a training centre to provide schools with qualified staff to care for disabled children. All specialized institutions were financed by the State. Homes or institutions providing disabled children with an education or with medical and social rehabilitation were covered by the Government's social security programme. Low-income families with disabled children also received financial assistance for their children's education.

24. Regarding the adoption of children from Tajikistan by foreign families, two young girls had been adopted by families in the United States, one in 1999 and the other in 2000. Tajik families wishing to adopt a child had to meet a number of conditions. Parents applying to adopt needed, among other things, to be in good health and to have an income sufficient to raise a child in comfortable conditions.

25. Information campaigns were carried out to convince mothers of the benefits of breastfeeding. Malaria was only rife in the region bordering Afghanistan and the proportion of children throughout the country suffering from the disease was fairly low. Despite the efforts of the State and of NGOs, many children suffered from malnutrition.

26. A children's fund had been created to provide for children wounded during the conflict and several children had been sent abroad for complex surgical operations. Many children, particularly refugees, suffered from psychological disorders. Consequently, a centre specializing in the treatment of minors, staffed by competent personnel, including psychologists and psychiatrists, had been established in 1993. The NGO, Médecins sans frontières, gave considerable assistance both by providing care and by training specialists.

27. The State implemented a public awareness campaign, particularly in rural areas, with a view to reducing maternal and infant mortality rates. A network of family planning clinics had been established, which extended even into remote regions, in order to help women to delay childbearing, avoid teenage pregnancies and use appropriate methods of contraception. A national programme to combat sexually transmitted diseases was currently being pursued, though its limited budget tended to undermine its effectiveness. The National AIDS Action Committee was encountering similar problems in its attempt to implement a national programme to combat AIDS.

28. Vaccination programmes had been interrupted by the armed conflict and many diseases which had practically disappeared had re-emerged. Tuberculosis was currently rife, due to both the interruption of vaccinations and the deterioration in the socio-economic situation. A service to cater for children with tuberculosis had been re-established in the capital, and vaccination campaigns had begun again. However, the acute shortage of medical staff, drugs and resources hampered efforts to combat tuberculosis and some other diseases.

29. Since 1995, Tajikistan had been implementing World Health Organization (WHO) directives on the establishment of infant mortality statistics.

30. Mr. RAJABOV (Tajikistan) said that disabled children were educated in specialized boarding schools and pre-school institutions. The International Federation of Red Cross and Red Crescent Societies had provided assistance by publishing an educational manual for use in schools. Also with its help, Tajikistan had established an orthopaedic clinic which provided disabled children with care free of charge for a period of 70 days. There, children who had lost their lower extremities during the war were supplied with artificial limbs and taught how to fit them.

31. Tajikistan pursued large-scale public awareness campaigns in an effort to combat the sexual exploitation of children. Conferences were organized in schools in order to reach those most directly concerned. Various committees, such as the Youth Committee, were authorized to receive complaints from children claiming to have had their rights violated.

32. Ms. TIGERSTEDT-TÄHTELÄ said she would like to know the status and composition of the various commissions that had been mentioned. Regarding children in care, were the local council members responsible for monitoring the situation of children placed in institutions elected or were they appointed?

33. Mr. DOEK said that, in view of the high drop-out rate in schools and the economic crisis which tended to encourage children to look for work, he would welcome more information on street children and on government policy concerning child labour.

34. Ms. KARP, referring to juvenile justice, asked whether the Government had established an annual plan to increase budgetary and human resources with a view to implementing the relevant legislation.

35. Mr. FULCI asked whether, in view of the fact that many street children were forced into prostitution, Tajikistan, like other States of the former USSR, had established a temporary rehabilitation centre for children to spend a period of 60 days and, if so, what happened to the children when that period ran out. Was it true that adolescents were often infected with sexually transmitted diseases and that the abortion rate among very young girls had risen alarmingly in Tajikistan? What measures had been taken to address that situation?

36. Ms. MOKHUANE asked whether, given that many water-borne diseases, such as typhoid, were rife in Tajikistan, and that it had not signed the London Protocol on Water and Health, the Government had adopted any environmental health measures. She would also like to know whether any difficulties had been encountered in establishing a statistical database to help in monitoring diseases and to support the health information system, and what results had been obtained. The health system was largely based on curative care, but it would be interesting to know whether there was also a preventive element. What proportion of the budget was allocated to improving the health conditions of children placed in institutions and lastly, what was the extent of mental health cover, or more precisely, how many people were there, on average, to each psychiatrist?

37. Ms. RILANTONO requested information on the country's health infrastructure, including environmental services at the local level. She said it was contradictory for Tajikistan

to indicate that it did not have sufficient resources to allocate to education while new schools were being built for gifted children, and asked whether the funds for such institutions had come from extrabudgetary sources.

38. Mr. RABAH asked whether there was a corruption problem in Tajikistan, particularly at administrative level and, if so, what caused it. What exactly was the situation regarding juvenile justice? Were children currently sent to the same prisons as adults?

39. Ms. KARP said she would like to know whether Tajikistan was considering providing financial assistance to children who had no support from their families when they left the institutions in which they had grown up. Were figures available on how often corporal punishment was used in children's care institutions? Could a child lodge a complaint against a teacher and, if so, what action was taken to follow up such complaints?

40. The CHAIRPERSON asked whether there was an integrated programme to combat poverty. She would also be interested to know to what extent Tajikistan was able to ensure that the privacy of children within families was respected. Had Tajikistan targeted young people in the implementation of its programme to combat AIDS? Had the health authorities made the link between the AIDS and the tuberculosis epidemics, which were often connected?

41. Could pregnant teenagers continue their education? How was Tajikistan helping young girls to continue their development after pregnancy?

42. Had steps been taken in Tajikistan to curb police brutality against juvenile offenders? How were juveniles treated in prison? Had Tajikistan begun to implement a drug prevention scheme to counter the rise in drug abuse among young people?

The meeting was suspended at 5.10 p.m. and resumed at 5.15 p.m.

43. Mr. RAJABOV (Tajikistan) said that, under the Constitution of the Republic of Tajikistan, the Government was authorized to establish commissions, the decisions of which were binding once their statutes (establishing their mandate and working methods) had been adopted. Generally speaking, the work of the commissions was effective because they were given extensive powers.

44. Regarding street children and child labour, the Ministry of Internal Affairs had inspectors responsible for monitoring juveniles. There was also a Department charged with combating juvenile crime.

45. There were no juvenile courts in Tajikistan, but ordinary courts dealing with juvenile criminal cases took into account the particular legal provisions applying to criminals under the age of 18. Furthermore, in criminal proceedings concerning juveniles, the psychological profile, in particular the degree of maturity, of the accused was always taken into consideration. According to the Code of Criminal Procedure, special attention must be given to a child's age, family circumstances and living conditions. Children under the age of 16 accused of an offence were allowed to be helped by a teacher. Juveniles detained while awaiting trial, which was an exceptional measure applied only for serious offences, were separated from adult prisoners and

the conditions of their detention were monitored on a daily basis. Visiting and correspondence rights were granted to the child's parents or guardian and monitoring by a teacher or psychologist was also permitted. Efforts were made to guarantee the child's right to education. However, due to a lack of resources, it was difficult to meet all the needs of detained children and to satisfy fully the relevant international standards. With regard to prevention, measures were being taken with a view to helping the children most likely to turn to crime. With the stabilization of the situation in Tajikistan, a fall in the number of offences committed by juveniles had also been detected over the previous few months.

46. There were several centres which looked after street children until it was possible to establish their identity and to find their family or place of residence, although the capacity of those centres was limited. There were also correctional facilities, which were the responsibility of the Ministry of Internal Affairs.

47. The minimum working age was 15 years. According to the Employment Code, children were not allowed to work more than 24 hours per week when they were 15 years old and 35 hours per week when they were aged between 16 and 18. Children were also prohibited from doing night work or overtime and from working in dangerous conditions. Any changes to a child's employment contract made on the initiative of the employer must be approved by the local employment commission. A child's parents or guardian and the competent authorities could intervene whenever they believed the health of the child to be in danger. The Employment Code also stipulated that children who worked while still in education were entitled to additional days off work, for instance, in order to take their exams. The issue of child protection at work was being addressed by the Attorney-General and the various bodies concerned. The transition to a market economy, however, made it difficult to enforce the relevant legal provisions. The Government was currently studying the possibility of ratifying ILO Convention No. 182 on Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.

48. Ms. SHARAPOVA (Tajikistan) said that the national vaccination programme was being implemented with assistance from the United Nations Children's Fund (UNICEF) and various donors and that, unfortunately, it would be impossible to pursue it without foreign aid.

49. A body for combating drug abuse had recently been established. The Government was also studying a draft drugs control strategy, which among other things gave priority to combating drug addiction and drugs-related crime among children and young adults. Various projects, including "Schools against Drugs", were an attempt to raise awareness among teachers and parents and to develop the role of schools in that area. Many services operating under the Ministry of Internal Affairs had been given the task of taking preventive steps to combat drug-taking, alcoholism and smoking among children, particularly by using the media. Different international organizations and NGOs had financed seminars on the problem of combating drug abuse, particularly among adolescents and women. Various studies had also been made at the local level with a view to evaluating the current situation and drugs-related assistance needs.

50. Smoking was also a matter of concern for the authorities. Many children smoked, and that included those as young as 12 and 13, which had led several Ministries to establish an inter-ministerial programme and the Government to begin to draft a law to set a minimum age for purchasing and consuming tobacco.

51. While it was true that the existing medical system tended to give priority to treatment rather than to prevention, steps had been taken to attempt to correct that situation. Classes designed to explain to children how to lead a healthy lifestyle had been introduced into schools and public awareness campaigns, for instance on television, had been carried out. There were also plans to establish a specialized department in that field at the University of Education.

52. Teenage pregnancies unfortunately led to girls dropping out of school. No measures had been adopted with a view to ensuring that young mothers could continue their education after the birth of their child. A lack of sufficient monitoring of those mothers also endangered their health. Since births were not systematically registered, it was difficult to provide precise statistics concerning the number of teenage pregnancies and abortions. On the other hand, statistics did reveal a marked increase in cases of syphilis.

53. Numerous measures had been taken over the previous few years with a view to encouraging better reproductive habits in teenagers. A national programme concerning sexual and reproductive health and reproductive rights was currently being implemented. Centres had also been established with the task of coordinating regional and local activities relating to sexual and reproductive health and providing young people with information on methods of contraception, AIDS and other sexually transmitted diseases. Some NGOs had also set up centres to give information and advice to adolescents and to train young volunteers in sexual and reproductive health matters. Working Groups including midwives and gynaecologists were currently devising classes on the subject which were due to be introduced in schools.

54. An environmental education centre had been established in Dushanbe, on the initiative of the University. Its task was to make women and young girls more aware of matters relating to the protection of the environment. In addition, in May 2000, the Government had confirmed the implementation of a national plan of action for the protection of the environment up to the year 2005, which would be coordinated by the Ministry of Health and the Regional Office of WHO for Europe.

55. Mr. RABAH welcomed the fruitful dialogue with the delegation of Tajikistan and read out in English the preliminary observations of the Committee.

56. The CHAIRPERSON also thanked the delegation and brought its attention to the amendment to article 43 of the Convention, which had yet to be ratified by Tajikistan.

The meeting rose at 6 p.m.